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| B22C (Official Form 22C) (Chapter 13) (04/13) | |
|---|--|
| D22 C (Official Form 22 C) (Chapter 13) (04/13) | According to the calculations required by this statement: |
| | ▼ The applicable commitment period is 3 years. |
| In re: Feria, Maximo E. & Feria, Cristina B. | ☐ The applicable commitment period is 5 years. |
| Debtor(s) | ☐ Disposable income is determined under § 1325(b)(3). |
| Case Number: | \checkmark Disposable income is not determined under § 1325(b)(3). |
| , , | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | | Part I. REP | ORT OF INCOME | | | | | |
|---|---|--|--|--------------------------|--------------------------------|--|--|--|
| | a. [| | | | | | | |
| 1 | the s | igures must reflect average monthly income receivix calendar months prior to filing the bankruptcy of the before the filing. If the amount of monthly incomodivide the six-month total by six, and enter the re | ease, ending on the last day of the me varied during the six months, you | Column A Debtor's Income | Column B Spouse's Income | | | |
| 2 | Gros | ss wages, salary, tips, bonuses, overtime, comm | issions. | \$ 3,330.41 | \$ 4,526.99 | | | |
| 3 | a and one l attac | me from the operation of a business, profession d enter the difference in the appropriate column(s) business, profession or farm, enter aggregate numb hment. Do not enter a number less than zero. Do not nses entered on Line b as a deduction in Part I | | | | | | |
| | a. | Gross receipts | \$ | | | | | |
| | b. | Ordinary and necessary operating expenses | \$ | | | | | |
| | c. | Business income | Subtract Line b from Line a | \$ | \$ | | | |
| 4 | Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part IV. a. Gross receipts b. Ordinary and necessary operating expenses \$ | | | | | | | |
| | c. | Rent and other real property income | Subtract Line b from Line a | \$ | \$ | | | |
| 5 | Inte | rest, dividends, and royalties. | | \$ | \$ | | | |
| 6 | 6 Pension and retirement income. | | \$ | \$ | | | | |
| 7 | Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B. | | | | \$ | | | |

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B22C (Official Form 22C) (Chapter 13) (04/13)

| | Til | | 1 | (-) - CI : O | | | | 1 |
|----|--|---|---|--|---------------------------|---------------------------------------|-------------------------|------------------|
| 8 | Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: | | | | se | | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act | Debtor \$ | Spouse | \$ | : | \$ | | \$ |
| 9 | Income from all other sources. Specific sources on a separate page. Total and emaintenance payments paid by your or separate maintenance. Do not included a victim of of international or domestic terrorism. a. b. | nter on Line 9. Do not inc spouse, but include all ot ude any benefits received u | lude alim ther paym under the S | ony or separa nents of alimo Social Security | y m | \$ | | \$ |
| 10 | Subtotal. Add Lines 2 thru 9 in Colum through 9 in Column B. Enter the total(| | ompleted, | add Lines 2 | | \$ | 3,330.41 | \$ 4,526.99 |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | | | | | | 7,857.40 | |
| | Part II. CALCUL | ATION OF § 1325(b)(4 | 4) COMI | MITMENT 1 | PER | ЮD | | |
| 12 | Enter the amount from Line 11. | | | | | | | \$ 7,857.40 |
| 13 | Marital Adjustment. If you are marrie that calculation of the commitment peri your spouse, enter on Line 13 the amout a regular basis for the household expen basis for excluding this income (such as persons other than the debtor or the debtor purpose. If necessary, list additional adadjustment do not apply, enter zero. a. b. c. | od under § 1325(b)(4) doe int of the income listed in lises of you or your depender s payment of the spouse's otor's dependents) and the | es not requalized to the control of | nire inclusion of Column B that pecify, in the larty or the spous f income devo | of the was N ines be's su | inco IOT j elow ppor each | me of paid on v, the of | |
| | Total and enter on Line 13. | | | | | | \$ 0.00 | |
| 14 | Subtract Line 13 from Line 12 and en | nter the result. | | | | | | \$ 7,857.40 |
| 15 | Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result. | | | | | number | \$ 94,288.80 | |
| 16 | Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | k of | | |
| | a. Enter debtor's state of residence: Ma | | | er debtor's hou | useho | ld siz | e: <u>5</u> | \$ 117,015.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. ✓ The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement. ☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitment period is 5 years" at the top of page 1 of this statement and continue with this statement. | | | | | | | |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME | | | | | | | |

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| D22C (| Official | (Chapter 13) (02 | H13) | | | | | |
|--------|---|---|---|--|--|--|----|------------|
| 18 | Enter | the amount from Line 11. | | | | | \$ | 7,857.40 |
| 19 | total of expense Column than the necessering not ap | al adjustment. If you are marn f any income listed in Line 10, ses of the debtor or the debtor' an B income (such as payment the debtor or the debtor's dependancy, list additional adjustments ply, enter zero. | Column B that vs dependents. Spoof the spouse's tadents) and the an | vas NO ecify in ax liabil nount o | T paid on a regular basis for the lines below the basis for lity or the spouse's support of f income devoted to each pu | the household excluding the f persons other rpose. If | | |
| | | l and enter on Line 19. | | | | | \$ | 0.00 |
| 20 | | ent monthly income for § 132 | | | | | \$ | 7,857.40 |
| 21 | | alized current monthly incon l enter the result. | ne for § 1325(b)(| (3). Mu | ltiply the amount from Line | 20 by the number | \$ | 94,288.80 |
| 22 | Appli | cable median family income. | Enter the amount | t from I | Line 16. | | \$ | 117,015.00 |
| 23 | Application of § 1325(b)(3). Check the applicable box and proceed as directed. ☐ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Parts IV, V, or VI. Part IV. CALCULATION OF DEDUCTIONS ALLOWED UNDER § 707(b)(2) | | | | | | | |
| | | Subpart A: Deduct | ions under Stan | dards | of the Internal Revenue Se | rvice (IRS) | | |
| 24A | National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | | | \$ | | |
| 24B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for the persons under 65 and extent the result in Line a1. Multiply Line a2 by Line b2 to obtain a total amount for the persons under 65 and extent the result in Line a1. Multiply Line a2 by Line b2 to obtain a total amount for the persons under 65 and extent the result in Line a1. Multiply Line a2 by Line b2 to obtain a total amount for the persons under 65 and extent the result in Line a1. Multiply Line a2 by Line b2 to obtain a total amount for the persons under 65 and extent the result in Line a1. Multiply Line a2 by Line b2 to obtain a total amount for the persons under 65 and extent the result in Line a1. | | | | | | | |

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| B22C (| B22C (Official Form 22C) (Chapter 13) (04/13) | | | | | |
|--------|--|---|--|----|--|--|
| 25A | Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. | | | \$ | | |
| 25B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. | | | | | |
| | a. | IRS Housing and Utilities Standards; mortgage/rental expense | \$ | | | |
| | b. | Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 | \$ | | | |
| | c. | Net mortgage/rental expense | Subtract Line b from Line a | \$ | | |
| 26 | and 2 Utili | al Standards: housing and utilities; adjustment. If you contend that 25B does not accurately compute the allowance to which you are entitities Standards, enter any additional amount to which you contend you rour contention in the space below: | led under the IRS Housing and | \$ | | |
| | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. | | | | | |
| | | ck the number of vehicles for which you pay the operating expenses or enses are included as a contribution to your household expenses in Line | | | | |
| 27A | | \square 1 \square 2 or more. | | | | |
| | If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| 27В | expe addit Tran | al Standards: transportation; additional public transportation expenses for a vehicle and also use public transportation, and you contend tional deduction for your public transportation expenses, enter on Line sportation" amount from IRS Local Standards: Transportation. (This a v.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | that you are entitled to an 27B the "Public" | \$ | | |

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B22C (Official Form 22C) (Chapter 13) (04/13)

| | | , , , , , , , , , , , , , , , , , , , | | | | | |
|----|---|--|---|----|--|--|--|
| | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) | | | | | | |
| | \square 1 \square 2 or more. | | | | | | |
| 28 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. | | | | | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$ | | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 | \$ | | | | |
| | c. | Net ownership/lease expense for Vehicle 1 | Subtract Line b from Line a | \$ | | | |
| | chec | Al Standards: transportation ownership/lease expense; Vehicle 2. Coked the "2 or more" Box in Line 28. r, in Line a below, the "Ownership Costs" for "One Car" from the IRS | | | | | |
| 29 | Tran | sportation (available at www.usdoj.gov/ust/ or from the clerk of the batotal of the Average Monthly Payments for any debts secured by Vehicated Line b from Line a and enter the result in Line 29. Do not enter an | ankruptcy court); enter in Line b le 2, as stated in Line 47; | | | | |
| | a. | IRS Transportation Standards, Ownership Costs | \$ | | | | |
| | b. | Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | | | | |
| | c. | Net ownership/lease expense for Vehicle 2 | Subtract Line b from Line a | \$ | | | |
| 30 | Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. Do not include real estate or sales taxes. | | | | | | |
| 31 | Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions. | | | | | | |
| 32 | Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance. | | | \$ | | | |
| 33 | Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are | | | | | | |
| 34 | Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available. | | | | | | |
| 35 | Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments. | | | | | | |
| 36 | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not | | | \$ | | | |
| 37 | you a servi | er Necessary Expenses: telecommunication services. Enter the total actually pay for telecommunication services other than your basic homice—such as pagers, call waiting, caller id, special long distance, or interest for your health and welfare or that of your dependents. Do not in | ne telephone and cell phone ternet service—to the extent | | | | |
| | deducted. | | | | | | |

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| | i — — | al Form 22C) (Chapter 13) (04/13) | | | | |
|---|--|--|----------------------------------|---------------|----|--|
| 38 | Tota | ll Expenses Allowed under IRS Standards. Enter the total | of Lines 24 through 37. | | \$ | |
| | | Subpart B: Additional Expense Dec Note: Do not include any expenses that yo | | | | |
| | Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. | | | | | |
| | a. | Health Insurance | \$ | | | |
| | b. | Disability Insurance | \$ | | | |
| 39 | c. | Health Savings Account | \$ | | | |
| | Tota | l and enter on Line 39 | | | \$ | |
| | the s | ou do not actually expend this total amount, state your actuate below: | al total average monthly exp | penditures in | | |
| 40 | Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34. | | | | \$ | |
| Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | | \$ | | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | | \$ | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$156.25 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | | | \$ | | |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | | | \$ | | |
| 45 | chari | ritable contributions. Enter the amount reasonably necessar itable contributions in the form of cash or financial instrument U.S.C. § 170(c)(1)-(2). Do not include any amount in exeme. | its to a charitable organization | on as defined | \$ | |
| 46 | Tota | al Additional Expense Deductions under § 707(b). Enter th | e total of Lines 39 through 4 | -5. | \$ | |

52

Subpart C: Deductions for Debt Payment Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Average Does payment 47 Monthly include taxes or Name of Creditor Property Securing the Debt Payment insurance? \$ yes no \$ b. yes no \$ yes no Total: Add lines a, b and c. \$ Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents. you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 47, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. 48 1/60th of the Name of Creditor Property Securing the Debt Cure Amount \$ \$ b. Total: Add lines a, b and c. Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, 49 such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. \$ Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the resulting administrative expense. Projected average monthly Chapter 13 plan payment. \$ Current multiplier for your district as determined under schedules issued by the Executive Office for United States 50 Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) X Total: Multiply Lines a Average monthly administrative expense of Chapter 13 and b \$ Total Deductions for Debt Payment. Enter the total of Lines 47 through 50. **Subpart D: Total Deductions from Income Total of all deductions from income.** Enter the total of Lines 38, 46, and 51.

| Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2) | | | | | | |
|--|--|--|---|-------------|--|--|
| 53 | Tota | current monthly income. Enter the amount from Line 20. | | \$ | | |
| 54 | Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child. | | | | | |
| 55 | Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19). | | | | | |
| 56 | Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52. | | | | | |
| | for win lin total | nction for special circumstances. If there are special circumstances that justify addit which there is no reasonable alternative, describe the special circumstances and the results as a below. If necessary, list additional entries on a separate page. Total the expension Line 57. You must provide your case trustee with documentation of these expenses are detailed explanation of the special circumstances that make such expenses necessariable. | ulting expenses es and enter the s and you must | | | |
| 57 | | Nature of special circumstances | Amount of expense | | | |
| | a. | | \$ | | | |
| | b. | | \$ | | | |
| | c. | | \$ | | | |
| | | Total: Add l | Lines a, b, and c | \$ | | |
| 58 | | l adjustments to determine disposable income. Add the amounts on Lines 54, 55, 5 the result. | 66, and 57 and | \$ | | |
| 59 Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result. | | | | | | |
| | | Part VI. ADDITIONAL EXPENSE CLAIMS | | | | |
| | and w | Expenses. List and describe any monthly expenses, not otherwise stated in this form relfare of you and your family and that you contend should be an additional deduction the under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page monthly expense for each item. Total the expenses. | from your curren | t monthly | | |
| | | Expense Description | Monthly A | mount | | |
| 60 | a. | | \$ | | | |
| | b. | | \$ | | | |
| | c. | | \$ | | | |
| | | Total: Add Lines a, b and | c \$ | | | |
| Part VII. VERIFICATION | | | | | | |
| | | are under penalty of perjury that the information provided in this statement is true and debtors must sign.) | d correct. (If this a | joint case, | | |
| 61 | Date: | July 3, 2013 Signature: /s/ Maximo E. Feria | | | | |
| | | (Debtor) | | | | |
| Date: July 3, 2013 Signature: /s/ Cristina B. Feria | | | | | | |